

AFFIDAVIT OF FINANCIAL HARDSHIP

(Section 99.093(2), Florida Statutes)

I, _____, a candidate for the office of
Print Name

_____ do hereby certify, pursuant
to Section 99.093(2), Florida Statutes, that I am unable to pay the 1% election assessment of
\$_____ to qualify for nomination or election to public office because paying the
assessment would be an undue burden on my personal financial resources or on the financial
resources available to me. Under penalty of perjury, I declare that I have read the foregoing and
that it is a true and correct statement.

Date

Signature of Candidate

Address: _____

City: _____ State: _____ Zip: _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____
, 20_____ by _____.

Signature of Notary Public – State of Florida

**Print, Type, or Stamp Commissioned Name of Notary
Public**

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

Received by:

Name: _____

Telephone: _____

City _____

Date of Election: _____

Remit within 30 days of close of qualifying to:
Florida Elections Commission
107 West Gaines Street, Suite 224
Tallahassee, Florida 32399
Telephone: 850.922.4539 Fax: 850.921.0783